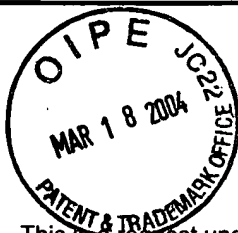
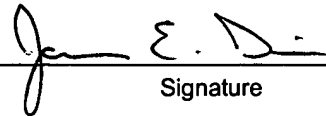


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 2927/1A/US (6794-000085/US/DVC)
	In re Application of Nizal Chandrakumar, et al.	
	Application Number 10/657,570	Filed September 8, 2003
	For Meta Substituted Phenylene Sulphonamide Derivatives	
	Art Unit 1632	Examiner Unknown
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;"> <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$110.00 <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$ _____ <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ _____ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ _____ </div> </div> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ .</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0750</u> .</p> <p style="margin-left: 40px;">I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="margin-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 80px;">Registration number if acting under 37 CFR 1.34(a). _____ .</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">March 18, 2003</p> <hr style="width: 100%;"/> <p style="text-align: center;">Date</p> <p style="text-align: center;">314-726-7500</p> <p style="text-align: center;">Telephone Number</p> </div> <div style="width: 45%; text-align: center;">  <hr style="width: 100%;"/> <p>Signature</p> <p>James E. Davis</p> <hr style="width: 100%;"/> <p>Typed or printed name</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of 2 forms are submitted.</p>		

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